

EXHIBIT A

**Insulin Pricing Litigation MDL
Topics for State Written Discovery & Document Requests**

To be answered on behalf of the State, including all State agencies:

- Documents and information regarding the State's population of diabetic residents.
- Documents and information regarding State health insurance coverage, including all plans offered/sponsored, premiums, deductibles, network requirements, copayment/coinsurance amounts for drugs, and out-of-pocket maximums.
- Documents and information regarding consideration of whether to exempt any at-issue drugs from any cost-sharing requirement for the State's plans or otherwise apply a different cost-sharing requirement to any at-issue drug.
- Documents and information regarding insulin purchases by the State, including through employer or plan sponsors and Medicaid or state-provided social welfare plans or by State agencies.
- Documents and information regarding the legislative history, timing, and rationale for the State's insulin copay regulations, out-of-pocket cap regulations, and any other State insulin affordability programs, including alternative regulations and programs that were considered but not implemented by the State.
- Documents and information regarding the State's investigation into how other states structure their insulin copay regulations, out-of-pocket cap regulations, and/or any other state insulin affordability programs.
- Documents and information regarding the State's policy choices regarding whether consumers should pay for insulin and, if so, how much they should pay.
- Documents and information regarding the State's formularies, including the tiers on which the at-issue drugs were covered, and which at-issue drugs (or therapeutically equivalent drugs) were excluded from formulary coverage.
- Documents and information regarding rebates that were negotiated or received by State plans on the at-issue drugs, including identification of, and explanation of any role played by, a PBM, GPO, rebate contracting entity, consultant, or any contractor who purchases or provides the at-issue drugs.
- Documents and information regarding how the State applied or used any rebates, rebate guarantees, credits, discounts, or any other price concessions or payments for any at-issue drugs that the State or beneficiaries of its Health Plan received, directly or indirectly, from or through any entity.
- Documents and information regarding the amount spent by a State through their plans on the at-issue drugs each year and the process for monitoring and tracking those expenditures.

- Documents and information regarding the State's provision of any at-issue drugs to any person, including anyone at "state-run facilities," including at any State Hospitals and/or in facilities operated by the Department of Corrections.
- Documents and information regarding the State's rationale for selecting particular prescription drug benefits, the rationale for using any third-party entities that provided consulting services, research, analysis, or other advice regarding prescription drug benefit design, a description of those entities' roles, and any presentations from or communications with those third-party entities regarding prescription drug plans.
- Documents and information regarding every action the State took to investigate the reasons for increases in the price of insulin, including the dates of any such actions.
- Documents and information regarding when the State first learned of the allegations in the lawsuit, including the earliest date on which the Plaintiff learned of the other insulin pricing lawsuits or investigations, news articles about the relationship between list prices and rebates, the fact that Manufacturers pay rebates to PBMs in connection with formulary placements, and the State's cooperation with other State AGs and/or membership in any task forces or organizations (such as the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) or the National Association of Attorneys General (NAAG)) related to insulin pricing.
- Documents and information regarding each alleged fraudulent statement, misrepresentation, or omission of fact by Defendants (written or oral) on which the State bases any claim for relief in this Litigation, including the name of any person(s) or entities who relied on those statements or omissions, and each and every purchase made by the State based on the alleged representations or omissions.
- Each category of damages or monetary relief the State alleges, including all injunctive relief the State seeks.
- Names and details regarding persons with relevant knowledge and responsibilities, including those involved with insulin purchases and drug coverage plans with PBMs, GPOs, or other rebate contracting entities, any citizens for whom the State is bringing claims on a *parens patriae* basis, and any specific individuals who the State alleges suffered physical, emotional, or financial harm or hardship as a result of the conduct described in the Complaint.
- Documents and information regarding any contracts or agreements between the State and any of the Defendants—including, but not limited to, their contents, negotiation, drafting, internal review, internal approval, execution, performance, or amendment of any such contract or agreement.
- Documents and information regarding the State's awareness or understanding of prescription drug rebates, PBMs' role in negotiating rebates, and that PBMs might retain a portion of negotiated rebates.

- Documents and information regarding any program the State implemented to lower the out-of-pocket drug costs for members of its health plans, including, but not limited to, preventative drug lists, critical drug affordability programs, or point-of-sale discounts.
- Documents and information regarding each request for proposal, solicitation, or other invitation to bid for PBM services the State issued, including, but not limited to, the requests, responsive proposals, and evaluation and scoring of the bids.